



Annual Report 2006-2007



Ribbon cutting ceremonies for new Telehealth site at Roblin District Health Centre

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Individuals, families and communities achieving the best possible health and wellness

Letter of Transmittal and Accountability

September 30, 2007

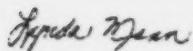
Hon. Theresa Oswald
Minister of Health
Province of Manitoba
Room 302 –Legislative Building
450 Broadway
Winnipeg, MB R3C 0V8

Madame Minister:

We have the honour to present the Annual Report for the Parkland Regional Health Authority, for the fiscal year ended March 31, 2007.

This annual report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2007 have been considered in preparing the annual report.

Respectfully submitted on behalf of Parkland Regional Health Authority,



Lynda Mann
PRHA Board Chairperson
2006/2007

CHAIRPERSON'S MESSAGE 2006/2007

As Chairperson, it is with pleasure that I present, on behalf of the Governing Board of Directors, the 2006-2007 Annual Report of the Parkland Regional Health Authority.

The Board has worked diligently during the past fiscal year to address issues and concerns surrounding health and health care delivery in the Region. It is with a sense of pride and accomplishment that we look back on the year, all the while knowing there is still much work that lies ahead.



Lynda Mann

The PRHA continues to enhance access to services for its residents as a result of its primary health care strategy. This strategy will continue to play an important role as the PRHA moves ahead with its Strategic Plan and visioning over the next five years.

The following is a list of some of the other key highlights that occurred at the Board level over the last year.

Swan Valley Health Facilities Transfer- Swan Valley Health Facilities (SVHF) and the PRHA finalized an agreement that transferred the affiliated health facilities existing operations to the RHA. Consistent with the requirements of the Regional Health Authorities Act, Ministerial approval was received for the transfer, which took effect on November 1, 2006.

Stakeholder communication- In keeping with the Board Vision, "*Individuals, families, and communities achieving the best possible health and wellness*", we continued our focus on partnerships, visibility, linkage and communication within our Region. We also continued our regular practice of meeting with municipal representatives, school divisions and our affiliated facility boards.

We asked attendees to consider undertaking a little homework prior to attending the luncheon meeting to ensure the discussions were focused on our Vision. The two questions provided in advance were:

1. *"What would it look like if communities were as healthy as they could be?"*
2. *"What issues are preventing communities from being as healthy as they could be?"*

These advance questions helped to enhance dialogue during our stakeholder communication sessions and allowed participants to focus on a bigger picture relating to the determinants of health in our Region.

In 2006/2007, the PRHA Board held its regular meetings in the communities of McCreary, Swan River, Dauphin, Birch River, Roblin, Winnipegosis, Grandview, Gilbert Plains and Ste. Rose.

It was enlightening and encouraging to hear the array of views on health care in the Parkland. By rotating our regular meetings around the Region we are very fortunate to hear first-hand accounts, both good and bad, from the people that matter most in our region -our residents, clients, and patients.



The Swan Valley Health Facilities (SVHF) transferred operations to the PRHA in 2006/2007. From left are Lynda Mann, PRHA Board Chair, André Rémillard, PRHA Chief Executive Officer and Jack Lumax, SVHF Chair.

Board Strategic Planning- In early January 2007, the Board held a *Strategic Planning Session*. One key outcome was a thorough review of our Ends Policies. (Ends are the measurable goals, impacts and outcomes the Board wishes to achieve.)

Advisory Councils- The Board relies on input from its *Advisory Councils* as a means of linking back to communities. These Advisory Councils are an important mechanism for participation and planning within the Parkland health system. The role of Advisory Councils is to understand issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board. (**See page 10**)

A special *Advisory Council Workshop* was held in October 2006, which focused on developing an annual work calendar for the Councils. Another outcome was an enhanced two-way communication process between Councils and the Board.

Annual General Meeting (AGM)- The 2005/2006 Annual General Meeting featured the Third Annual Board Volunteer Health Service Awards. Five awards were presented to deserving individuals, and one award was presented to a much-appreciated community group. We were honoured to have the Minister of Healthy Living, Hon. Kerri Irvin-Ross, as our guest speaker at the AGM.

Judge J.M. George Award- The PRHA Board was very pleased to nominate José Randell of Gilbert Plains for the prestigious Judge J. M. George Provincial Health Award. Mrs. Randell, a long-time Parkland volunteer and former health care worker, received the honour at a special ceremony in Winnipeg on October 26, 2006.

Resignation of CEO- It is with some trepidation that we accepted the resignation of our CEO Andre Rémillard in February 2007. Andre had been with the Board as its CEO since its inception in September 1996. I wish to acknowledge with much gratitude, Andre's contribution to the development and implementation of the PRHA and for his eleven years of exemplary service.

Appointment of new CEO- The Board has selected a new CEO, Mr. Allan Bradley, who comes to us with many years of experience in Health Leadership. Mr. Bradley will commence his duties in April 2007.

I thank outgoing Board members Esther Fyk and Monica Black for their valuable contributions to the RHA during their terms. The Board will miss their professionalism and dedication to health care in the Parkland Region.

As well, we welcomed fellow new Board appointee John Tichon of Fork River in 2007/2008.

Thank you to management, staff, physicians and volunteers for the commitment you bring to your work.

Signed: [Signature]

Lynda Mann
PRHA Board Chair
2006/2007



Hon. Kerri Irvin-Ross
Photo courtesy Dauphin Herald



José Randell

Message from the Chief Executive Officer (April 2006- February 2007)

It is with mixed emotions that I submit the 2006-2007 Annual Report for the Board's consideration. I am happy to be able to provide the Board with an overview of some of the key accomplishments and challenges which occurred over the past fiscal year. This is tempered with the knowledge that this will be my last report to the Board as result of my retirement effective February 28, 2007.

It has indeed been an honour and a privilege to serve the PRHA Board and the people of the Region since September 1996. I have been blessed with the wisdom and support of a strong and vibrant Board membership, and outstanding chairpersons throughout the last 11 years. I have also been very fortunate to work alongside an excellent group of executive, site and program managers. I leave with the knowledge and confidence that the PRHA is in capable hands for the foreseeable future.

Some of the key accomplishments and challenges which come to mind in 2006/2007 include:

International Disability Management award- The PRHA became the first organization in Manitoba and the first regional health authority in Canada to receive a prestigious certification that assesses how workplaces treat injured and ill employees. The PRHA received the International Disability Management Standards Council Certification at a special ceremony in Ste. Rose in March 2007. By ensuring that injured and disabled staff return to work in a safe and timely manner, we're ultimately able to provide better care to our patients. We've shifted the focus of our attention from what staff can't do, to what they can do. (*For more on the Disability Management Award see Appendix C on Page 44.*)

Telehealth services- Manitoba Telehealth services were expanded within the Region in 2006-2007. Roblin became the Parkland's fourth site, joining Dauphin, Ste. Rose and Swan River. Telehealth makes it easier for Parkland residents who would otherwise have to travel to Winnipeg to access specialist care. Besides timely care, the Telehealth Network also facilitates greater collaboration among health care professionals, and there are educational and administrative opportunities associated with the initiative. (*For more information on Telehealth, see page 26*)

Expansion of Dialysis Program- Swan River became the 17th hemodialysis treatment location in Manitoba and second site in the Parkland when dialysis services commenced operation at Swan Valley Health Centre on November 27, 2006. The expansion follows the PRHA goal of providing better care sooner and closer to home for Parkland residents.

Capital projects- Construction on the new community health services building in Dauphin began with a sod turning ceremony in November 2006. The new building is expected to be completed in early 2008 and will house all community health programs like public health, mental health and home care. (*For more information on capital projects and infrastructure, see page 33*)

Quality Improvement- The PRHA continues its vibrant quality improvement process which focuses on ensuring that we analyze our performance in the delivery of health services and develop systematic efforts to improve it. One of our main projects this year was the continuation of our preparations for the Canadian Council on Health Services Accreditation, which will take place in the fall of 2007.

Financial challenges- Despite our many successes of the past year, the PRHA continued to feel the impact of financial and human resource challenges. As a result of those challenges, the RHA recorded a deficit of nearly \$ 1.72-million for the year, compared to a \$ 4.9-million deficit in 2005-2006. Higher activity in the Region's hospitals, and associated staffing costs were some of the contributing factors towards the deficit. (*A summary of the PRHA's audited financial statements begins on page 34.*)



André Rémiard

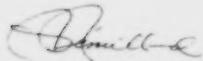
Recruitment and retention of health care professionals- Several other challenges lie ahead. As part of existing trends for rural RHAs, recruitment and retention of qualified health professionals continue to be an issue that confronts Parkland. While we place emphasis on attempting to recruit all 'hard to recruit' professionals, the following highlights some of our efforts relative to physicians and nurses.

Specific to physicians, the PRHA enhanced recruitment efforts throughout the year, by attending the Residents' Physician Retreat in Russell in September 2006 and a Residents' Job Fair in Winnipeg February 2007. In October 2006, the PRHA addressed first and second year medical students in Winnipeg in an effort to entice them to eventually work in rural Parkland.

In regards to nursing recruitment, the PRHA completed a pilot project with Red River Community College in September 2006, which allowed eight Licensed Practical Nurses in Parkland the opportunity to upgrade their education and skills to a Registered Nurse level. This was accomplished through video streaming and distance learning. A second offering of this program will take place in 2007 at Dauphin Regional Health Centre.

I thank RHA staff and management, as well as physicians for the significant effort and contributions made throughout the year. Without this commitment to our customers - the citizens of the Parkland Region - little could be achieved or accomplished.

In closing, the direction and support provided by the Board is, as always, very much appreciated. All the best in future endeavours, as you continue to work towards the PRHA Vision of *"Individuals, families and communities achieving the best possible health and wellness."*



-André Rémiillard
Chief Executive Officer
(April 1, 2006- February 28, 2007)



André Rémiillard retired in February 2007, after 11 years as CEO of Parkland Regional Health Authority.

PRHA Board



PRHA Board 2006/2007- Front left are John Zaplitny (Gilbert Plains), Paul Overgaard (Dauphin), Esther Fyk (Garland), Gerald Shewchuk (Dauphin), Barry Chalmers (Swan River).

Back left are Dot Connolly (Sifton), Paul Freed (Swan River), Lynda Mann, Chairperson (Swan River), Doreen Stammen (Rorketon), Rowena Powell (Roblin), Heather Morden (McCreary), and Monica Black (Bowsman).

Missing are Myrtle Bilow (Mafeking), and Anne Lacquette (Mallard).

PRHA Board

Board Role

The PRHA operates under the direction of a 14-member Board, which is responsible to the Minister of Health. The Board's role is to ensure the organization's accountability by monitoring and evaluating its performance and by interacting and communicating with the public, stakeholders and partners.

Board Vision "Individuals, families and communities achieving the best possible health and wellness"

Board Mission

In Pursuit of its Vision, the Authority exists so that there will be:

- Optimal Quality of Life;**
- Healthy Lifestyles;**
- Healthy Environments;**
- Treatment of the ill and injured.**

Board Governance

The Board has set four **Ends** that it reviews and monitors on a regular basis. (*Ends are the measurable goals, impacts and outcomes the Board wants to achieve.*)

The Board concentrates on areas where data indicates our Region needs improvement.

Specific to the Ends policies, the Board receives **monitoring reports** on the status of progress towards these Ends. These monitoring reports provide an overview of results relative to each End.

On its part, the Board reviews the organization's progress towards its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.



Board Committees

The Board has four standing committees to assist it in carrying out its responsibilities. They are:

Executive Committee- Acts on behalf of the Board in urgent situations, when it is not feasible or practical to convene a meeting of the entire Board. The Committee must report any actions taken at the next meeting of the Board and it does not have the authority to change Board bylaws or policies or act against them.

Finance and Audit Committee- Reviews options and implications for the Board's consideration regarding finance, audit, and capital planning issues. The Committee also reviews the appropriateness of the Board's own spending, in areas such as expense reimbursement, Board development and other Board expense accounts.

Program and Planning Committee- Helps identify a list of ongoing educational needs of the Board and provides written alternatives and implications for the Board's consideration regarding how to meet those educational and developmental needs. The Committee also reviews policy alternatives and implications for the Board.

Community Relations Committee- Reviews and makes recommendations to the Board in relation to the Board's communications with its stakeholders. The Committee also advises the Board on policies and procedures relating to Board interaction with Advisory Councils, municipal and provincial politicians and the general public.

Advisory Councils



2006 Advisory Council Workshop participants- From front left, Ella Wynn, Eleanor Snitka, Dianne Hamiwna, Anita Dixon, Marvin Fried, Lynda Mann and Bob Curle.

Middle Row from left, Anna Fullerton, Alf Dressler, Joan Parthenay, Jannett Terrick, Ollie Yaremchuk, Karin Fendick, Gloria Kostelnyk, Rowena Powell, Geraldine Perche.

Back row from left, Wes Rumak, Gerald Shewchuk, Lawrence Timmerman, Wayne Beyette, Paul Overgaard, Peter McKay.

In 2006/2007, the Board maintained three Advisory Councils as a means of linking back to communities. These Advisory Councils provided an important mechanism for participation and planning within the Parkland health system. The role of Advisory Councils is to understand issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.

District Health Advisory Councils (DHACs)- The PRHA has two District Health Advisory Councils, one representing the East and one representing the West. These two Councils generally meet four times a year and as specific projects and issues arise. They are focal points for community participation and an important vehicle for two-way communication with the PRHA Board.

Regional Mental Health Advisory Council (RMHAC)- The RMHAC acts in an advisory capacity to the PRHA Board and helps develop recommendations regarding mental health priorities in the Region.

Advisory Councils

Eastern District Health Advisory Council

José Randell (Chair),
Marlene Bouchard-
Diane Hrychuk -
Gloria Kostelnyk-
Jannett Terrick-

Gilbert Plains
Ste. Rose
Fork River
Winnipegosis
McCreary

Ollie Yaremchuk-
Joan Parthenay-
Wayne Beyette-
Karin Fendick-

Dauphin
Ste. Rose
Ste. Rose
Dauphin

Board Liaison- Anne Lacquette

Staff Liaison- Linda Kulkarni

Staff Support- Blaine Kraushaar

Western District Health Advisory Council

Dianne Hamiwnka, (Chair)
Alf Dressler-
Anita Dixon-
Debra Wilson-
Lorene Ward-
Amy Shaw-

Swan River
Grandview
San Clara
Roblin
Robin
Swan River

Lawrence Timmerman-
Anna Fullerton-
Gwen Palmer-
Linda Manweiller-
Eve Baptiste-

Camperville
Swan River
Swan River
Grandview
Roblin

Board Liaison- Paul Freed

Staff Liaison- Linda Kulkarni

Staff Support- Blaine Kraushaar

Regional Mental Health Advisory Council

Gisele de Meulles, Chair
Eleanor Snitka-
Ella Wynn-
Wes Rumak-
Garry Meadows-
Marvin Fried-

Dauphin
Dauphin
Ste. Rose
Dauphin
Dauphin
Swan River

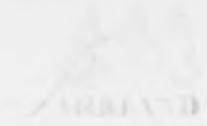
Bob Curle-
Geraldine Perche-
Barb St. Goddard-
Peter McKay-
Debra Church-

Dauphin
Dauphin
Dauphin
Dauphin
Swan River

Board Liaison- Gerald Shewchuk

Staff Liaison- Linda Kulkarni

Performance Story



The Board of the PRHA has identified four ENDS or long-term outcomes for the organization. The ENDS are:

- Optimal Quality of Life
- Healthy Lifestyles
- Healthy Environments
- Quality Treatment and Care of the Ill and Injured

In order to move towards achieving these outcomes the organization through its strategic planning process has identified six strategic directions for the years 2006 – 2011.

The Strategic Directions are:

- Healthy Living
- Seniors Health
- Aboriginal Health
- Integrated Sustainable Health System
- System Performance Improvement
- Human Resources

Healthy Living

Goals/Strategies:

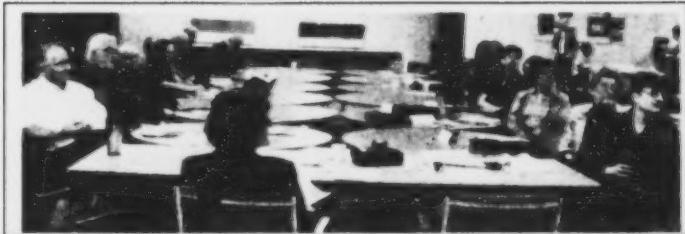
- Promote and advocate improvements in the broader determinants of health.
- Target specific population of communities to reduce inequities in health status.

Actual Results/Accomplishments:

- Primary health care has been adopted by the PRHA as the framework for delivery of all community health services in the Region. Primary health care includes a broad range of activities and services including health promotion, disease and injury prevention, clinic-based services, as well as education and support for persons with chronic disease;
- Staff continue to partner with key stakeholders to promote improvements in the broader determinants of health;
- Staff participate on healthy community committees in the Region;
- Community staff support community applications of "*In Motion*." *In-Motion* is a provincial fitness initiative aimed at increasing the amount of daily physical activity of Manitoba residents. Communities involved with the Chronic Disease Prevention Initiative (see page 14) have had strong participation with the *In-Motion* campaign;
- The PRHA Board invites stakeholders to all regular monthly Board meetings.

Challenges/Future Directions

- Continue to explore ways to strengthen partnerships that lead to improvements in the broader determinants of health;
- Continue to develop and implement Primary Health Care throughout the Region.



The PRHA Board invites stakeholders to regular monthly Board meetings in an effort to enhance communication.

Healthy Living

Goals/Strategies:

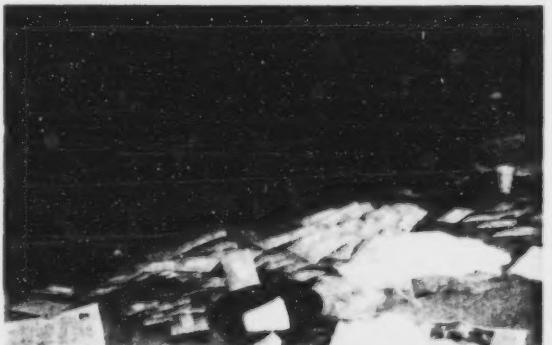
- **Parkland residents make positive choices for healthy living.**
- **Strengthen partnerships to ensure effective coordinated approach to the promotion of healthy living.**

Actual Results/Accomplishments

- The Chronic Disease Prevention strategy continued in 2006/2007. The Chronic Disease Prevention Initiative (CDPI) focuses on healthy eating physical activity, and tobacco reduction.
 - Six community cluster groups which were established in 2005/2006, continued program planning under the initiative.
 - A First Nation community cluster (formerly supported by the Northern Aboriginal Population Health and Wellness Initiative NAPHWI) began their first year under the initiative.
 - A Regional CDPI Committee was formed. Members include representatives of PRHA, West Region Tribal Council, Culture Heritage and Tourism, Aboriginal and Northern Affairs, Canadian Diabetes Association, Heart and Stroke Foundation, Canadian Cancer Society, Sport Manitoba and North West Metis Council.
 - A workshop for community committee representatives was held in February 2007. Topics included sharing of programming, best practice, evaluation, and planning for 2007/2008.



The Chronic Disease Prevention Initiative (CDPI) focuses on physical activity.



Community members pack garden seeds for planting as part of the CDPI.

- The PRHA joined four other RHAs and Manitoba Health at a national conference which highlighted successes and key learning experiences related to the implementation of the Chronic Disease Prevention Initiative in Manitoba. The Chronic Disease Prevention Alliance of Canada National Conference was held in Ottawa in November 2006.



The PRHA joined provincial representatives at a national conference in Ottawa, which highlighted successes of the CDPI in Manitoba.

Challenges/Future Directions

- The PRHA has been identified as a site to pilot the *Get Better Together* Program. The six-week program will be offered in 2007/2008 in Dauphin and McCreary as part of a pilot through the Wellness Institute at Seven Oaks General Hospital and the Public Health Agency of Canada. The chronic disease self-management program is led by volunteer peer leaders who themselves are coping with chronic conditions;
- Local level surveillance activities would provide key planning and evaluation information in relation to healthy living. Discussions are underway to implement such an initiative in 2007/ 2008;
- Establish a regional evaluation process for CDPI;
- Continue to provide relevant training for regional and cluster CDPI committees;
- Develop a Communication Plan, in partnership with Manitoba Health and others, to profile information related to healthy living;
- Develop a framework for community engagement.

Healthy Living

Goals/Strategies:

- **Healthy babies, children and families.**

Actual results/Accomplishments

- A Regional Breastfeeding Strategy was developed. A Breastfeeding Promotion Committee, whose membership includes acute care and community health representatives, is currently considering adaptation of breastfeeding guidelines to support continuity of information and care across the continuum.
- Community health staff members participated in the Triple P (Positive Parenting Program) training sponsored by Healthy Child Manitoba.
- A *Regional Children's Therapy Program*, in collaboration with Regional partners, was developed. The management committee consists of membership from Family Services and Housing, Manitoba Rehabilitation Centre for Children, Society of Manitobans with Disabilities and the School Divisions of Mountain View, Turtle River, Swan Valley and Frontier. Some of the initiatives developed under the strategy included:
 - The development of a Memorandum of Understanding for the Management Committee has been completed;
 - A central intake for Children's Therapy referrals was developed for the Dauphin Therapy Department;
 - A regionally based Occupational Therapist was hired to provide Occupational Therapy services to the south, east, and west Parkland Region;
 - Increased services were arranged with the Rehabilitation Centre for Children for the southeast portion of Parkland Region. This included physiotherapy and occupational therapy coverage;



- A tri-regional agreement with Nor-Man and Brandon Regional Health Authorities was developed to provide a regionally based Hearing Services Program. The PRHA has a full-time trained audiometrist who provides education and screening of preschool aged children in the Region. Results of hearing tests are sent to the itinerant audiologist in Brandon for interpretation and follow-up instructions;
 - Clinics are arranged in-Region for the Brandon itinerant audiologist for further assessment and intervention with children who are identified with hearing loss.
- In regards to Teen Wellness, a contract was established to secure the services with a Winnipeg-based Child and Adolescent Psychiatrist.

Challenges/Future Directions:

- Continue to develop and implement an integrated approach to breastfeeding;
- The maternal newborn and public health teams are actively pursuing opportunities to support earlier identification of prenatal women in order to facilitate access to care, provide information on healthy pregnancy and encourage breastfeeding;
- The Parkland Region is participating on the provincial maternal child task force, which may result in recommendations in this area;
- Staff turnover and high workload demands related to mandated communicable disease control program make enhancement of services to pregnant and parenting families challenging;
- Enhancing the children's therapy central intake with additional education to referral sources which includes the north district;
- Securing the services of a physiotherapist for the southeast and west districts;
- Development and implementation of an Infant Hearing Screening Program;
- Increase education to preschool and school-aged organizations regarding hearing loss and screening programs.

Healthy Living

Goals/Strategies:

- Prevention and control of communicable disease in Parkland Region.

Actual results/Accomplishments

- The PRHA established a steering committee to oversee development of a Pandemic Preparedness Plan. Some of the accomplishments during the past year include:
 - A Pandemic Influenza Incident Command system was developed for the Region;
 - A Pandemic Coordinator was recruited for the Region in February 2007.
- Communicable Disease Control and Infection Control managers have continued to develop strategies to enhance influenza immunization coverage rates among health care workers;
- The PRHA held a mass immunization influenza clinic in Dauphin on November 7, 2006. The PRHA mobilized public health staff from across the Region with support from RHA Emergency Medical Services and Mental Health, as well as community volunteers and nursing students, to hold the one-day clinic. Some 1,225 individuals received their flu shot which was about 50 % higher than the number anticipated.



The PRHA developed a specific communication plan for the mass immunization influenza clinic in 2006.

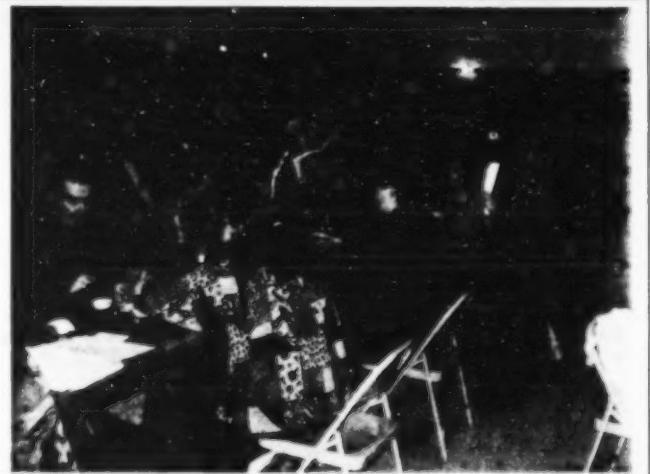
Indicator: Number of people receiving flu and pneumococcal immunizations

	2006/2007	2005/2006	2004/2005
Health Care Workers	731	680	775
Over 65 Years of Age:			
• High Risk	5,161	4,926	5,012
• Household contacts	910	623	826
Total Immunized	6,802	6,229	6,613

*Statistics do not include the number of people who received immunizations within physician offices, medical clinics, or First Nations Health Centres within the Region.

Challenges/Future Directions:

- The Region has seen a significant increase in sexually transmitted disease. Enhanced Public Health Nurse services are required to support the STD reduction strategy;
- Planning is underway to offer mass influenza immunization clinics in larger centres across the region. The preparedness activity assists the Region in testing plans to respond to any communicable disease outbreak that would require a mass immunization response;
- The Region is in the process of developing a Pandemic Influenza Preparedness Plan.



Planning is underway to offer mass influenza immunization clinics in larger centres in Parkland Region.

Healthy Living

Goals/Strategies:

- Parkland residents take steps to prevent injury.

Actual Results/Accomplishments

- An injury prevention team was established to monitor and provide leadership to the injury prevention plan.
- A regional suicide prevention plan was developed. A broad-based committee has been established with membership from PRHA Mental Health, Canadian Mental Health Association (CMHA), RCMP, West Region Tribal Council, Cree Nation Council, Swan River and Dauphin Friendship Centres, Addictions Foundation of Manitoba, and the Swan Valley School Division.
- Planning began for a Regional Falls Management Plan for Personal Care Homes.
- Work with Regional partners to deliver 'Safe Kids' initiatives continued in 2006/2007.
- The EMS Department unveiled the "Hidden Hugs" Program in 2006/2007. Hidden Hugs is a car seat emergency information kit which attaches to a child's car seat to provide important information which is easily accessible in emergency situations.
- Regional Lift and Transfer Training was undertaken within the acute and long term care sites in 2006/2007. A Lift and Transfer Champion Program, which was rolled out to all Parkland sites, was initiated in February 2007.

Challenges/Future Directions:

- Explore the feasibility of offering a fitness program in Personal Care Homes in the Region;
- Implementation of the *I.C.E. Program* (In Case of Emergency) in the Region.



Hidden Hugs, a car seat Emergency Information Kit, was designed and distributed in 2006/2007.

Seniors Health

Goals/Strategies:

- Seniors maintain the highest level of independence possible.
- Support the development of continuum of care options designed to promote Aging in Place.

Actual results/Accomplishments:

- A Seniors Abuse Guide was developed and distributed in September 2006.
- Activities were held during Seniors and Elders month in October.
- Community-based supports to seniors were enhanced in 2006/2007. Some of the initiatives included:
 - Planned for implementation of Support to Seniors in Group Living (SSGL) in Dauphin (*Happy Haven*);
 - Piloted several seniors health clinics in remote communities which included Barrows, Mafeking, Birch River, Rorketon, Pelican Rapids;
 - An additional psychogeriatric mental health worker hired for the Region.
- An Activities and Wellness Program was established at Dauphin Regional Health Centre.
- In conjunction with seniors programs, EMS developed safety seminars for seniors in several communities.



Presentation of Seniors Abuse Guide- Seniors Abuse Guide Committee members Laurie Church, Doug Deans, and Tim Watts review the guide at an informational presentation at the Dauphin Multi-Purpose Seniors Centre in October 2006.

Seniors Health

Challenges/Future Directions

- Evaluate seniors health clinics pilot program with the aim of continuing and possibly expanding clinics to further communities;
- Continue working with Manitoba Health on the development, implementation, and evaluation of SSGL projects;
- Explore additional supportive housing initiatives for seniors.
- Develop a plan for integration of the Eden Alternative into all of the Region's Long Term Care facilities.
- Expand the seniors safety programs to communities throughout the Region.

Indicator: The PRHA provides funding to 21 congregate meal programs in 13 communities. These programs provide a nutritious hot meal in a social atmosphere to assist seniors living independently. Meals on Wheels are provided through facility and community settings to bring nutritious meals to frail seniors who are not able to travel to a congregate meal program.

Community Meal Programs for Elderly - Number of Meals Served	2006/2007	2005/2006
Congregate Meal	69,333	58,890
Meals on Wheels – Facility	11,879	12,221
Meals on Wheels – Community	4,401	4,753
Total Meals Served	85,613	75,864

Aboriginal Health

Goals/Strategies:

- Health status of aboriginal people living in Parkland is improved
- Develop cultural competence within PRHA staff.

Actual Results/Accomplishments:

- Services to Aboriginal and Northern Affairs communities were enhanced through primary health care activities in 2006/2007. Community meetings were held to identify health needs and assist with program planning.
- The PRHA formed partnerships and shared resources with the Dauphin Friendship Centre, West Region Tribal Council and Assiniboine Regional Health Authority to hold a one-day Aboriginal Culture and Sensitivity Workshop. Several presenters at the September 2006 workshop discussed many of the cultural issues facing local aboriginal peoples.



Services to Aboriginal and Northern Affairs communities were enhanced in 2006/2007.



A one-day Aboriginal Culture and Sensitivity Workshop was held in Dauphin in September 2006.

Challenges/Future Directions:

- Develop a Regional process to address On-Reserve service requests;
- Continue to develop and implement cultural competence training within PRHA staff.

Integrated Sustainable Health System

Goals/Strategies:

- Redesign health services to ensure we provide the right service and the right time and right place.
- Develop and implement a regional health services framework that will identify baseline services and service locations.
- Collaborate with *Diagnostic Services of Manitoba (DSM) on development plan for diagnostic services in the Region.

**Diagnostic Services of Manitoba is responsible for the operations of diagnostic services and is in the process of completing a four-stage implementation plan which involves the transfer of Manitoba's rural lab and Diagnostic imaging staff.*



The Regional Dialysis Program expanded to a second site (Swan River) in the Parkland in 2006/2007.

Actual Results/Accomplishments

- The Regional Hemodialysis Program expanded to a second site in the Parkland in 2006/2007. Hemodialysis commenced operation at the Swan Valley Health Centre on November 27, 2006. Swan Valley Health Facility nurses received specialized training through a nine-week course at Winnipeg Health Sciences Centre in order to help staff the Unit.
- Interdisciplinary teams, with strong linkages across the health system, were established under the primary health care operational plan. The PRHA Diabetes and Risk Factor and Complication Assessment Program was implemented in some physician clinics and community locations (with links to the Chronic Disease Prevention Initiative (CDPI)).
- The PRHA provided increased opportunities for disease screening in 2006/2007. Three additional Community Health Nurses were trained in cervical cancer screening. The RHA also participated in Pap Awareness Week.

- The PRHA established chronic disease management services during the year. Community Health Nurses in Primary Health Care Centres began to offer intermediate level diabetes education. A dietitian position was created within the Diabetes Education Resource to focus on chronic disease self-management education.
- In collaboration with DSM, a Regional Diagnostic Services Manager was recruited and retained. The position is responsible for the diagnostic services in nine sites within the Region. The Manager assisted in the development of basic and specialized diagnostic equipment lists for the PRHA during 2006/2007.
- Review of business continuity plans for acute and long term care facilities was initiated to assist with disaster management and planning.

Challenges/Future Directions:

- Continue to strengthen the provision of intermediate level diabetes education in conjunction with enhanced primary and secondary prevention activities;
- In cooperation with DSM, develop a plan for transfer of PRHA laboratory/imaging and diagnostic staff.
- Complete a business continuity plan review for all programs and services in the Region.
- Develop a regional plan for Mental Health Promotion;
- Develop a plan for basic and enhanced Emergency Medical Services.

Indicator: Diagnostic Waiting Times

Diagnostics Waiting Time

	Parkland		Rural Manitoba
	2006/2007	2005/2006	2006/2007
	Wait Time (weeks)	Wait Time (weeks)	Wait Time (weeks)
Ultrasound	7.0	8.25	11
CT Scan	4.2	5.5	8

System Performance Improvement

Goals/Strategies:

- Continuous improvement is fully integrated into work of all staff, volunteers, and physicians.
- Develop a culture of safety through the evidence based Quality Improvement process.

Actual Results/Accomplishments:

- PRHA expanded Telehealth to a fourth site in the Region. Roblin's Telehealth site opened in February 2007.
- The PRHA continued to plan for its third Regional Canadian Council on Health Services Accreditation (CCHSA) Accreditation Survey in 2007. Regional accreditation teams completed self-evaluations and two separate education days were held in a run up to the actual survey date. (*Team Leaders Education Day and All Teams Education Day.*)
- A Regional Patient Safety Framework was developed. This included PRHA participation in the "It's Safe to Ask" Program, a provincial patient safety and health literacy initiative led by the Manitoba Institute of Patient Safety.
- Significant staff safety procedures and processes were developed by *Change Innovators* to meet legislated requirements by Manitoba Workplace Health and Safety.
- Developed standardized templates for fire, evacuation, missing clients, bomb threats, and hostage taking for facilities throughout the Region.
- Standardized and enhanced monthly fire drill testing in acute and long term care facilities. Regular monitoring of testing occurs at all regional and affiliate sites.



Thanks to an extraordinary personal donation from Mr. Jim Ritchie (centre), the Region was able to expand the MBTelehealth Network to Roblin in 2006/2007.

System Performance Improvement

- Began development for universal backup generator testing at acute care facilities.
- The PRHA adopted standards and guidelines associated with the provincial government's Bill 17-An amendment to the RHA Act, the Manitoba Evidence Act and the Mental Health Act- which came into force November 1, 2006. This law is related to patient/client/ resident safety, and legislates that RHA's must report, investigate and keep records about critical incidents. As well the RHA must have a process in place to fully disclose the facts about the investigation to the patient/client/resident or family.
- To enhance patient and staff safety, the PRHA standardized glucose meter, lancet equipment, and safety-engineered needles throughout the Region.
- A Regional Infection Control Strategy was developed and implementation began in 2006/2007. Regional policy and best practice guidelines were advanced for infection prevention and control in facilities and EMS.
- On-site multi-disciplinary reviews, by the College of Physicians and Surgeons of Manitoba, College of Registered Nurses and Manitoba Pharmaceutical Association were held at Dauphin Regional Health Centre, Grandview District Health Centre, Ste. Rose General Hospital, and McCreary/Alonsa Health Centre in 2006/2007.
- A Regional Manager of Materials Management was hired in January 2007.
- The PRHA implemented a Regional Information Management Plan in 2006/2007.
- Long Term Care Standards Education sessions were held Region-wide in 2006/2007 for all Long Term Care staff. Some topics included:
 - Protection for Persons in Care Act;
 - PRHA Resident Bill of Rights;
 - Least Restraint policy;
 - Infection Control.

System Performance Improvement

- Nursing leadership education sessions for Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses were held in September and October 2006. Some of the topics covered included standards of practice, medication errors, and conflict resolution.
- Least restraint audits were completed in all Personal Care Homes which resulted in a variety of recommendations for improvement.
- Emergency Room chart audits were completed in all acute care facilities in the Region. Recommendations were made at the site level as a result.
- The PRHA developed a CancerCare Navigator Handbook in March 2007. The handbook provides clients and families with an invaluable tool as they navigate their journey through Cancer Care.



Members of the PRHA Acute Care/Medical Surgical Team developed a Cancer Care Navigator Handbook in 2006/2007.

Challenges/ Future Directions:

- Participate in CCHSA accreditation survey;
- Participate in Safer Healthcare Now – Medication reconciliation;
- Promote and implement “It’s Safe to Ask” - provincial safety and health literacy initiative;
- Implement Regional Materials Management program;
- Establish Regional Telehealth Committee.

Indicator: 2006/2007 MBTelehealth applications by site

	Clinical	Education	Admin	Other	Total
Dauphin	941	210	114	7	1,272
Swan River	953	75	85	1	1,114
Ste. Rose	73	68	42	5	188
Roblin*	6	6	7	0	19
Total	1,973	359	248	13	2,593

*Statistics are for a one-month period. Site commenced operation in February 2007.

Human Resources

Goals/Strategies:

- Establish an organizational culture that attracts, develops, and retains the best possible people.

Actual Results/Accomplishments:

- A multi-year Human Resources Plan was developed and implemented. Some of the key components of the Plan include Regional staffing profiles and requirements, an Employee skills inventory, Recruitment framework, education, and Healthy Workplace Initiatives.
- The PRHA reorganized its Human Resources Department in 2006/2007. A new Human Resources Manager position was established to coordinate staff education, professional development, workplace health and safety, and disability management. The position of Long Term Care Standards Coordinator was also transferred to the HR department in an effort to synergize the education components of the Long Term Care Standards Coordinator position with the Region's Staff Education Plan.
- The PRHA was awarded the International Disability Management Standards Council Certification after achieving higher than 80 percent in an audit that assesses how workplaces treat injured and ill employees. The PRHA was the first organization in Manitoba and the first RHA in Canada to receive the designation. (**See Appendix C on Page 44.**)
- The PRHA and Red River College built on successful outcomes of a pilot project that began in May 2005. The rural education Diploma Nursing Accelerated Program increases access to nursing education for licensed practical nurses (LPNs) living in rural communities. Eight LPN's participated in the first phase of the project that wrapped up in September 2006.



The PRHA, along with the Office of Rural and Northern Health, participated in the 7th Annual Parkland Career and Job Fair in Dauphin in February 2007.

- The PRHA enhanced recruitment efforts throughout the year, by attending the Residents' Physician Retreat in Russell in September 2006 and a Residents' Job Fair in Winnipeg February 2007. In October 2006, the PRHA addressed first and second year medical students in Winnipeg in an effort to entice them to eventually work in rural Parkland.
- The PRHA attended a number of job and career fairs in 2006/ 2007. They included:
 - *University of Manitoba, Faculty of Nursing Fair*
 - *University of Brandon, Faculty of Nursing Fair*
 - *University of Manitoba, Medical Rehabilitation Fair*
 - *Red River College*
 - *Parkland Career and Job Fair in Dauphin;*
 - *West Region Tribal Council Career Fair*



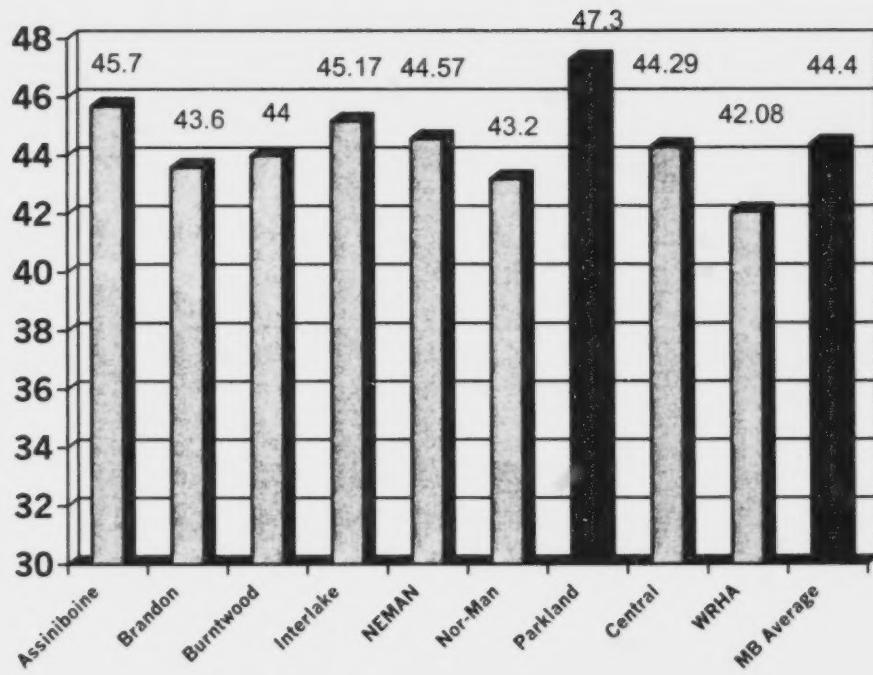
The PRHA attended the annual Residents' Physician Retreat in Russell in September 2006.

Challenges and future directions:

- Update the Regional Medical Manpower Plan;
- Continue to implement the multi-year Regional Human Resources Plan.

Indicators

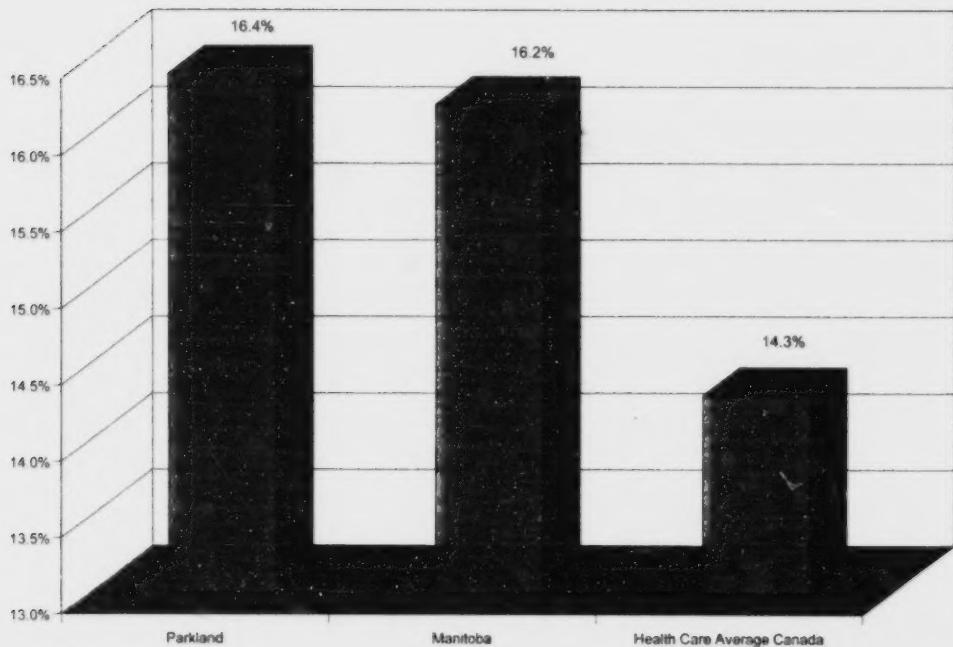
*Average age of employee by RHA



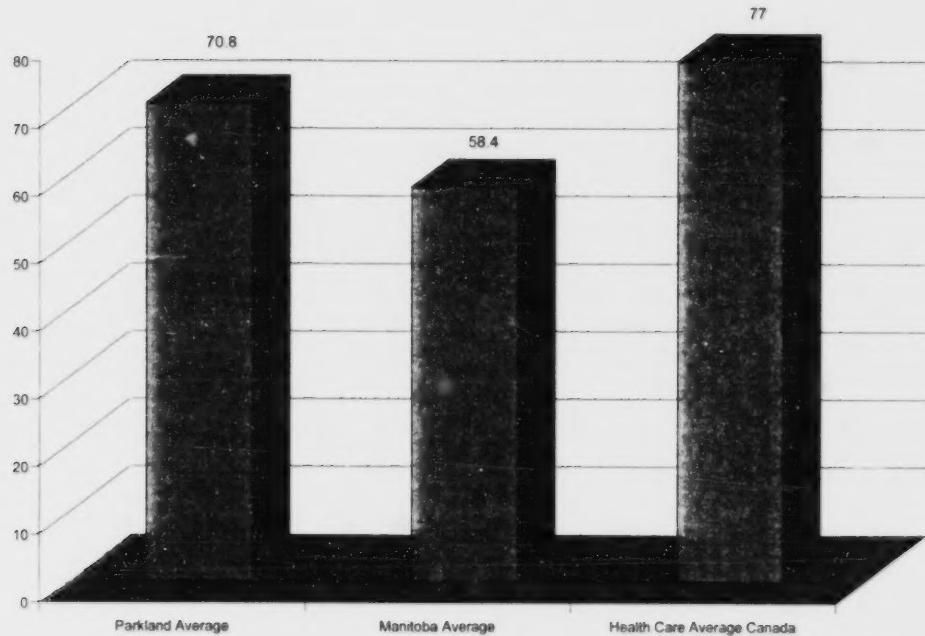
*Employee years of service	
Parkland	9.1
Manitoba	9.2
Health Care	10
Average Canada	

*Turnover rate	
Parkland	11.4 %
Manitoba	14.9%
Health Care	12.6%
Average Canada	

*External Hire Rate 2004



*Paid Sick Hours



Capital equipment/ Infrastructure

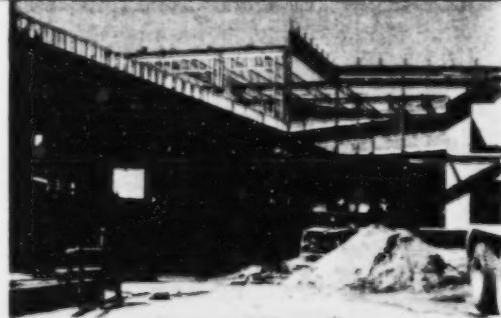
Goal: To ensure that physical facilities and equipment are adequate to meet the needs of the Region's programs (Capital Project Development).

Actual Results & Accomplishments:

- The Region and Manitoba Health continued to proceed towards construction of a new Community Health building in Dauphin;
- Safety and security projects during the fiscal year included:
 - Roof repairs at Dr. Gendreau Personal Care Home in Ste. Rose;
 - Elevator installation at Swan Valley Personal Care Home;
 - Upgrades to the fire alarm system at Roblin District Health Centre;
 - Nurse call replacement system at Swan Valley Lodge and Benito Health Centre;
- Capital equipment purchases included:
 - Birthing beds;
 - Mechanical lifts;
 - Fetal monitors;
 - Hematology analyzer



DCHS Sod Turning- Sod turning ceremonies for the Dauphin Community Health Services Building took place in November 2006.



DCHS Construction- Construction on the new \$7-million Community Health Services Building in Dauphin continued throughout the fiscal year.

Challenges/Future Directions:

- The Region will continue to work with Manitoba Health to complete the construction of the Dauphin Community Health Services Building.
- The PRHA will continue to renovate and repair facilities to meet Workplace Safety and Health standards and to provide a safe environment for all staff, patients, residents, clients and the general public.



Parkland Regional Health Authority Inc.
Summary Financial Statements
For the year ended March 31, 2007

Contents

For the year ended March 31, 2007

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The following is a summary set of audited financial statements. A complete set of audited financial statements for Parkland Regional Health Authority is available by contacting the Parkland Regional Health Authority Corporate Office (204) 622-6222. They can also be found on the PRHA website at www.prha.mb.ca.

Management's Responsibility

To the Board of Directors of Parkland Regional Health Authority Inc.:

Management has responsibility for preparing the accompanying consolidated financial statements. This responsibility includes selecting appropriate accounting principles and making objective judgments and estimates in accordance with Canadian generally accepted accounting principles.

In discharging its responsibilities for the integrity and fairness of the consolidated financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors and the Audit Committee are composed primarily of Directors who are neither management nor employees of the Organization. The Audit Committee is appointed by the Board to review the consolidated financial statements in detail with management and to report to the Board prior to their approval of the consolidated financial statements for publication.

Meyers Norris Penny LLP, an independent firm of Chartered Accountants, is appointed by the Board of Parkland Regional Health Authority Inc. to audit the consolidated financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Audit Committee and management to discuss their audit findings.

*Original signed by Allan Bradley,
Chief Executive Officer*

*Original signed by Gerald Hackenschmidt,
VP Corporate Services*

Management

Management

Auditors' Report

To the Board of Directors of Parkland Regional Health Authority Inc.

We have audited the consolidated statement of financial position of the Parkland Regional Health Authority Inc. as at March 31, 2007 and the consolidated statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Dauphin, Manitoba
Meyers Norris Penny LLP

June 21, 2007
Chartered Accountants

P.O. Box 6000, 32 - 2nd Avenue SW, Dauphin, Manitoba, R7N 2V5, Phone: (204) 638-6767, 1-877-500-0790

Parkland Regional Health Authority Inc.

Consolidated Statement of Financial Position

As at March 31, 2007

	<i>Affiliates</i>	<i>Devolved</i>	2007	2006
Assets				
Current				
Cash	688,723	4,269,004	4,957,727	6,402,398
Temporary investments	161,205	96,934	258,139	2,320,693
Accounts receivable (<i>Note 3</i>)	324,912	1,473,424	1,798,336	1,430,649
Due from Manitoba Health (<i>Note 4</i>)	-	3,540,299	3,540,299	1,396,232
Inventory	219,391	1,255,957	1,475,348	1,462,412
Prepaid expenses	61,040	647,128	708,168	728,227
Inter-facility	(520,831)	520,831	-	-
	934,440	11,803,577	12,738,017	13,740,611
Long-term investments (<i>Note 5</i>)	2,510	17,354,914	17,357,424	15,946,626
Capital assets (<i>Note 6</i>)	9,958,203	70,159,497	80,117,700	80,545,040
Trust assets	48,834	28,532	77,366	27,694
Benefits obligation (<i>Note 7</i>)	1,915,452	8,267,391	10,182,843	10,179,769
	12,859,439	107,613,911	120,473,350	120,439,740

Continued on next page

Parkland Regional Health Authority Inc.
Consolidated Statement of Financial Position

As at March 31, 2007

	<i>Affiliates</i>	<i>Devolved</i>	2007	2006
<i>Continued from previous page</i>				
Liabilities				
Current				
Lines of credit	202,071	-	202,071	371,764
Accounts payable and accruals	853,730	6,577,273	7,431,003	6,390,577
Benefits obligation	1,386,278	7,584,817	8,971,095	8,257,234
Current portion of long-term debt (<i>Note 8</i>)	35,640	83,330	118,970	87,273
	2,477,719	14,245,420	16,723,139	15,106,848
Long-term debt (<i>Note 8</i>)	769,118	80,450	849,568	163,780
Benefits obligation	716,663	3,043,540	3,760,203	3,943,107
Deferred contributions (<i>Note 11</i>)	8,159,876	91,624,140	99,784,016	99,473,545
Trust liabilities	48,834	28,532	77,366	27,694
	9,694,491	94,776,662	104,471,153	103,608,126
Net Assets				
Invested in capital assets (<i>Note 12</i>)	1,266,072	1,302,400	2,568,472	2,619,794
Internally restricted for capital purposes	31,114	100,593	131,707	411,946
Unrestricted net assets	(609,957)	(2,811,164)	(3,421,121)	(1,306,974)
	687,229	(1,408,171)	(720,942)	1,724,766
	12,859,439	107,613,911	120,473,350	120,439,740

Approved on behalf of the Board

Original signed by Lynda Mann- Director

Original signed by John Zaplityny- Director

Parkland Regional Health Authority Inc.
Consolidated Statement of Changes in Net Assets

For the year ended March 31, 2007

	<i>Invested in capital assets</i>	<i>Internally restricted for capital purposes</i>	<i>Unrestricted</i>	<i>2007 Total</i>	<i>2006 Total</i>
Balance, beginning of year	2,619,794	411,946	(1,306,974)	1,724,766	6,791,126
Prior period adjustment (Note 17)	(581,442)	(148,457)	-	(729,899)	(213,800)
Restated	2,038,352	263,489	(1,306,974)	994,867	6,577,326
Excess (deficiency) of revenues over expenses	(175,425)	6,187	(1,544,148)	(1,713,386)	(4,852,560)
Investment in capital assets	422,814	(143,135)	(279,051)	628	-
Internal transfers	282,731	5,166	(290,948)	(3,051)	-
Balance, end of year	2,568,472	131,707	(3,421,121)	(720,942)	1,724,766

Parkland Regional Health Authority Inc.
Consolidated Statement of Operations

For the year ended March 31, 2007

	<i>Affiliates</i>	<i>Devolved</i>	2007	2006
Revenues				
Manitoba Health operating income (<i>Note 9</i>)	22,183,877	72,684,910	94,868,787	87,762,109
Patient income	3,402,218	3,713,504	7,115,722	6,757,653
Other income	1,089,493	3,870,879	4,960,372	4,274,159
Amortization of deferred contributions	1,389,336	2,757,593	4,146,929	4,134,178
	28,064,924	83,026,886	111,091,810	102,928,099
Expenses				
Acute care	11,320,852	32,867,137	44,187,989	41,563,803
Long-term care	14,737,291	17,410,934	32,148,225	30,760,732
Community and mental health	289,911	11,087,161	11,377,072	10,609,962
Homecare	154,295	9,349,747	9,504,042	9,232,225
Emergency response and transport	-	3,763,454	3,763,454	3,360,326
Parkland Regional Hospital Laundry Ltd.	-	969,418	969,418	909,417
Regional health costs (<i>Note 10</i>)	-	1,469,988	1,469,988	1,438,135
Medical remuneration	399,758	3,311,160	3,710,918	3,736,435
Pre-retirement	300,497	668,884	969,381	1,636,092
Amortization of capital assets	1,529,959	3,148,812	4,678,771	4,504,945
Interest on long-term obligations	6,368	19,570	25,938	28,587
	28,738,931	84,066,265	112,805,196	107,780,659
Excess (deficiency) of revenues over expenses	(674,007)	(1,039,379)	(1,713,386)	(4,852,560)

Parkland Regional Health Authority Inc.
Consolidated Statement of Cash Flows

For the year ended March 31, 2007

	<i>Affiliates</i>	<i>Devolved</i>	2007	2006
Cash provided by (used in)				
Operations				
Deficiency of revenues over expenses	(674,007)	(1,039,379)	(1,713,386)	(4,852,560)
Items not involving cash:				
Amortization of capital assets	1,529,959	3,148,812	4,678,771	4,504,945
Amortization of deferred contributions	(1,389,336)	(2,757,593)	(4,146,929)	(4,134,178)
	(533,384)	(648,160)	(1,181,544)	(4,481,793)
Changes in non-cash operating working capital				
Temporary investments	65,580	1,996,974	2,062,554	(173,588)
Due from Manitoba Health	-	(2,144,067)	(2,144,067)	(788,492)
Other working capital	35,004	1,172,656	1,207,660	932,632
	100,584	1,025,563	1,126,147	(29,448)
Financing and Investing				
Purchase of capital assets	(2,287,921)	(2,421,068)	(4,708,989)	(11,436,870)
Purchase of operating items from donations	-	-	-	(4,147)
Disposal of capital assets	8,439	-	8,439	(2,378,390)
Purchase of long-term investments	-	(1,410,798)	(1,410,798)	(775,455)
Disposal of investments	-	-	-	141,490
Increase (decrease) in line of credit	647,176	(816,869)	(169,693)	1,721,373
Disposal of cash upon devolution	(462,936)	462,936	-	-
Deferred contributions	1,075,365	3,108,791	4,184,156	15,025,777
Interfacility	(165,686)	165,686	-	-
Proceeds of long-term debt	804,758	-	804,758	-
Repayment of long-term debt	-	(87,273)	(87,273)	(259,779)
Use of reserve	(7,553)	-	(7,553)	-
Net asset transfers	(2,321)	-	(2,321)	-
	(390,679)	(998,595)	(1,389,274)	2,033,999
Decrease in cash during the year	(823,479)	(621,192)	(1,444,671)	(2,477,242)
Cash, beginning of year	1,512,202	4,890,196	6,402,398	8,879,640
Cash, end of year	688,723	4,269,004	4,957,727	6,402,398

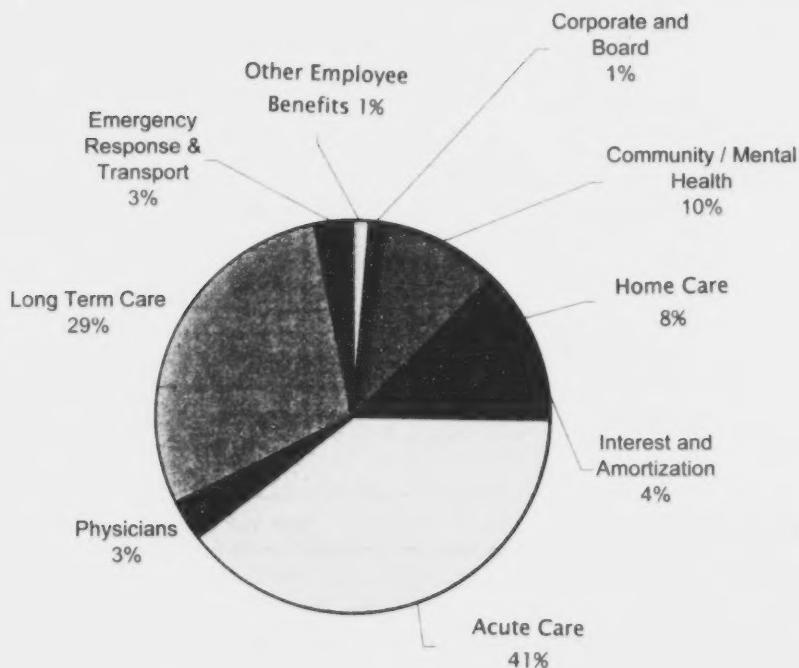
*A complete set of audited financial statements for Parkland Regional Health Authority is available by contacting the Parkland Regional Health Authority Corporate Office (204) 622-6222. They can also be found on the PRHA website at www.prha.mb.ca.

Appendix A

Key Financial Indicators

<u>Working Capital Ratio</u>	2004/2005	2005/2006	2006/2007
Ratio of current assets to Current Liabilities (Provides an indication of ability to pay current liabilities).	1.43	.91	.76
<u>Administration Cost Ratio</u>	5.4	5.4	5.4
CIHI Model			
Administration costs as a % of total expenses			
<u>Remaining Useful Life of Capital Equipment</u>	4.84	5.44	3.32
Ration of net book value of capital equipment to amortization expenses (Provides an estimate of the remaining useful life of capital equipment in years)			

PRHA expense allocation 2006/2007



Public Sector Disclosure Act

The Public Sector Compensation Disclosure Act requires that the RHA disclose to the Public, the amount of compensation it pays or provides in the fiscal year or calendar year directly or indirectly. Reported figures are to include:

- All overtime payments, retirement or severance payments, lump sum payments and vacation payouts;
- The value of loan or loan interest obligations that have been extinguished and the value of imputed interest benefits from loans;
- Long term incentive plan earnings and payouts;
- The value of the benefit derived from vehicles or allowances with respect to vehicles;
- The value of the benefit derived from living accommodation or any subsidy with respect to living accommodation;
- Payments made for exceptional benefits not provided to the majority of employees of the public sector body;
- The amount of compensation paid to its Board Chair, its board members in the aggregate, or its officers and employees if the compensation is \$50,000 or more;
- Payments for memberships in recreational clubs or organizations; and,
- The value of any other payment or benefit that may be prescribed in the regulations.

**Information related to the Public Sector Disclosure Act can be obtained directly from the Regional Health Authority by calling (204) 622-6222 or 1-800-259-7541.*

Disability Management Designation

When the PRHA participated in the provincial *Human Resources Benchmarking Survey* back in 2004, it provided some eye-opening results. Not only did the PRHA have the oldest health care workforce in the province, but it also had the highest paid sick hours in the province and one of the highest lost hour per employee rates in the province.

The PRHA's 2005/2006 Human Resources Strategy included the development of a Disability Management Program-a workplace program that facilitates a person's return to work following an injury or illness. The Disability Program Manager is MaryAnne Harrison. MaryAnne is responsible for the overall coordination of workplace activities associated with disability management, including integration of occupational health and safety programs, wellness initiatives, employee assistance programs, early intervention programs, claims management, and accommodation policies and procedures.

"It was once perceived that an individual could not return to work from an illness or injury unless that individual returned to full duties. That perception has all changed now. The Program's philosophy is not about what you can't do, it's about what you can do. Every person is valuable to the organization including those that are only able to perform partial duties," Harrison said.

"Statistics show that we have an older workforce, and coupled with a shortage of staff, as well as the increased acuity of patients and residents, having individuals return to work on modified duties is more important than ever," stated Gerry Gattinger, PRHA Human Resources Director.



PRHA Disability Management Program Manager MaryAnne Harrison accepts the International Disability Management Certificate from Workers Compensation Board Vice-President Dave Scott on March 26, 2007.

Recently, the Workers Compensation Board of Manitoba (WCB) contracted with a certified disability management auditor to review a number of programs across the province, including the PRHA's Program.

The audit tool that was used was the Consensus Based Disability Management Audit (CBDMA) which was developed through the National Institute of Disability Management and Research (NIDMAR). The Consensus Based Disability Management Audit (CBDMA) tool looks at an organization's present Disability Management program and compares it to world class standards. The result of the audit gives the organization a complete understanding of where they are in comparison to these standards – it pinpoints both their strengths and any gaps there may be in service.

According to Garry Corbett, CDMA Auditor, the PRHA's Program is second to none.

"Parkland Regional Health Authority's Disability Management Program scored 80.1%. It is an incredibly high score to obtain and has only been matched by such organizations as Ford (Europe), CP Rail and the City of St. John's, Newfoundland. The PRHA is one of the very, very few world wide organizations to have achieved such a score," Corbett added.

The PRHA has been awarded the International Disability Management Standards Council Certification. This certification is valid for three years and can be used on any material the Regional Health Authority produces.

The PRHA congratulates MaryAnne for her hard work, commitment, and dedication to this very important workplace wellness initiative, and to the health of the employees of the PRHA.



PRHA Volunteer Service Awards



Award recipients— Four Parkland residents were honoured with individual awards during the 2006/ PRHA Annual General Meeting in Dauphin. PRHA Board Volunteer Service awards were presented to Bob Curle (Central District), Gordon Jeffrey (North District), Mary Schulz (East District) and Mabel Brade (West District). The four also chose four charities to donate \$100 to as part of the prestigious awards.



Special recognition award— Nadia Brossart, Centre, accepts a PRHA Volunteer Service Award on behalf of her husband John, who passed away in February 2006. Presenting her with the award was Lynda Mann, PRHA Board Chair (left) and the Hon. Kerri Irvin-Ross, Minister of Healthy Living (at right).

